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| **Vital Signs** |

## Pulse \_\_\_\_beats/min

## Respirations \_\_\_\_breaths/min

## Blood Pressure \_\_\_\_mm Hg/ \_\_\_\_mm Hg

## Oxygen Saturation \_\_\_\_\_ SO2a

## Temperature \_\_\_\_ degrees Fahrenheit

## Height \_\_\_\_\_\_ft \_\_\_\_\_inches

## Weight \_\_\_\_\_lbs

## Notes:

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| **History of Present Illness** |

## **Mental Status**

Have you experienced any disorientation or confusion recently?

Have you experienced any depression or anxiety recently?

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## **Growth**

Have you noticed any weight loss, weight gain, or physical changes lately?

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## **Nutrition**

Have you noticed any weight loss, weight gain, or physical changes lately?

Have you made any recent changes to your eating habits?

Have you felt exhausted lately?

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## **Pain**

Have you noticed any pain lately? If so when did it start, where does it hurt, what is its intensity, has it effected on your daily activities and mood, has it caused any other sort of discomfort or symptoms?

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## **Skin, Hair, Nails**

Have you noticed any rashes, bumps, red spots or irritation on your skin recently?

Have you noticed any changes in your hair’s thickness, color, feel, or growth lately?

Have you noticed any changes in your nail’s lately?

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## **Lymphatic System**

Have you experienced any swelling lately?

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## **Head & Neck**

Have you had headaches or a stiff neck recently?

Have you experienced a head injury recently?

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## **Eyes, Ears, Nose, Throat**

Have you experienced any trouble seeing, or discomfort in your eyes?

Have you had trouble hearing or experienced ear pain recently?

Have you had any nosebleeds, a runny nose, and/or been snoring recently?

Have you experienced any pain, pressure, and/or stuffiness around your nose recently?

Have you had any toothaches, cuts, and/or general discomfort in your mouth lately?

Have you had a sore throat, difficulty swallowing, or sounded funny recently?

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## **Chest & Lungs**

Have you experienced any coughing, shortness of breath, or chest pain recently?

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## **Heart**

Have you experienced any fatigue, difficulty breathing, or shortness of breath lately?

Have you experienced any chest pain recently?

Have you any episodes where you lost consciousness recently?

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## **Blood Vessels?**

Have you had any leg pain or cramps lately?

Have your ankles been swollen recently?

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## **Abdomen**

Have you experienced any abdominal pain, indigestion, nausea, or vomiting recently?

Have you had any instances of diarrhea or constipation lately?

Have you had any trouble peeing lately or felt the need to pee frequently?

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## **Musculoskeletal**

Have you experienced any discomfort in your joints?

Have you experienced any discomfort in your muscles?

Have you had any recent injuries or back pain?

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## **Neurologic**

Have you experienced any seizures, convulsions, or tremor lately?

Have you experienced any general weakness lately?

Have you had a moto issues or experienced a lack of coordination lately?

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**Upon completion of Vital Signs, an assessment of History of Present Illness, and a Physical Examination, the nursing staff recommend the development of an Emergency Care Plan:**

 YES €NO Nurse’s Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nurse’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_

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| **Physical Examination** |

## **Mental Status**

### Physical Appearance and Behavior

Grooming

Emotional Status

Body Language

### State of Consciousness

### Cognitive Ability

 Analogies

 Abstract Reasoning

 Arithmetic Calculation

 Writing Ability

Execution of Motor Skills

Memory

Attention Span

Judgement

### Speech and Language Skills

Voice Quality

Articulation

Comprehension

Coherence

### Emotional Stability

Mood and Feelings

Thought Process and Content

Perceptual Distortions and Hallucinations

### Additional Procedures

Glasgow Coma Scale

## **Growth**

### Weight and Standing Height

### Body Mass Index

Upper to Lower Segment Ratio

Arm Span

## **Nutrition**

### Anthropometrics

Waist Circumference

### Waist-to-Hip Circumference Ratio

### Determination of Diet Adequacy

Twenty-Four-Hour Recall Diet

Food Diary

### Measures of Nutrient Analysis

My Pyramid Food Guide (MyPlate)

Vegetarian Diets

Ethnic Food Guide Pyramids

### Measures of Nutrient Adequacy

### Special Procedures

Triceps Skinfold Thickness

Mid-Upper Arm Circumference

Midarm Muscle Circumference/Midarm Muscle Area

## **Pain**

### Self-Report Pain Rating Scales

### Assessing Pain Behaviors

## **Skin, Hair, Nails**

### Skin

Inspection

Palpation

### Hair

### Nails

Inspection

Palpation

## **Lymphatic System**

### Inspection and Palpation

### Head and Neck

### Axillae

### Epitrochlear Lymph Nodes

### Inguinal and Popliteal Lymph Nodes

### Spleen

## **Head & Neck**

### Head and Face

Inspection

Palpation

Percussion

Auscultation

### Neck

Inspection

Palpation

Lymph Nodes

Thyroid Gland

## **Eyes, Ears, Nose, Throat**

### Visual Acuity Testing

### External Examination

Surrounding structures

Eyelids

Palpation

Conjunctiva

Cornea

Iris and Pupil

Lens

Sclera

Lacrimal Apparatus

### Extraocular Muscles

### Ophthalmoscopic Examination

Unexpected Findings

### Ears and Hearing

External ear

Otoscopic Examination

Hearing Evaluation

### Nose, Nasopharynx, and Sinuses

External Nose

Nasal Cavity

Sinuses

### Mouth and Oropharynx

Lips

Buccal Mucosa, Teeth, and Gums

Oral Cavity

Oropharynx

## **Chest & Lungs**

### Inspection

Respiratory Patterns

Observing Respiration

Looking for Clues at the Periphery

### Palpation

Examining the Trachea

### Percussion

Diaphragmatic Excursion

### Auscultation

Breath Sounds

Vocal Resonance

Coughs

Sputum

## **Heart**

### Inspection

### Palpation

### Percussion

### Auscultation

Basic Heart Sounds

Extra Heart Sounds

Heart Murmurs

Rhythm Disturbance

## **Blood Vessels**

### Peripheral Arteries

Palpation

Auscultation

Assessment for Peripheral Arterial Disease

### Blood Pressure

### Peripheral Veins

Jugular Venous Pressure

Hepatojugular Reflux

Evaluation of Hand Veins

Assessment for Venous Obstruction and Insufficiency

## **Abdomen**

### Inspection

Surface Characteristics

Contour

Movement

### Auscultation

Bowel Sounds

Additional Sounds and Bruits

### Percussion

Liver Span

Spleen

Gastric Bubble

Kidneys

### Palpation

Light Palpation

Moderate Palpation

Deep Palpation

Masses

Umbilical Ring

Palpation of Specific Organs and Structures

### Additional Procedures

Ascites Assessment

Pain Assessment

Abdominal Signs

Rebound Tenderness

Illiopsoas Muscle Test

Obturator Muscle Test

Ballottement

## **Musculoskeletal**

### Inspection

### Palpation

### Range of Motion

### Muscle Strength

### Specific Joints and Muscles

Hands and Wrists

Elbows

Shoulders

Temporomandibular Joint

Cervical Spine

Thoracic and Lumbar Spine

Hips

Legs and Knees

Feet and Ankles

### Additional Procedures

Hand and Wrist Assessment

Shoulder Assessment

Lower Spine Assessment

Hip Assessment

Knee Assessment

Limb Measurement

## **Neurologic**

### Cranial Nerves

Olfactory

Optic

Oculomotor

Trochlear

Abducens

Trigeminal

Facial

Acoustic

Glassopharyngeal

Vagus

Spinal Accessory

Hypoglossal

### Proprioception and Cerebellar Function

Coordination and Fine Motor Skills

Balance

### Sensory Function

Primary Sensory Functions

Cortical Sensory Functions

### Reflexes

Superficial Reflexes

Deep Tendon Reflexes

### Additional Procedures

Protective Sensation

Meningeal Signs

Posturing